U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or rivil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7336	2. Fiscal Year Covered From:				
	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name PAUL F ZAHLMANN	Name LOCAL 400 IBEW				
	Labor Organization File Number 010-453				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 1256				
Street 715 MARY'S DRIVE	Street 3301 Rt 138				
City BRICK	City WALL				
State NEW JERSEY ZIP Code + 4 08723	State NEW JERSEY ZIP Code + 4 07719				
5. Position in labor organization. TREASURER					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
State ZiP Ccde + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Paul 7 Zahlmann	On <u>9-26 v 6</u> 732-920-2960 Date Telephone Number				

Name of Person Filling PAUL F. ZAHLMANN	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name LOCAL 400 PENSION FUND	X! a. Labor Organization			
Trade Name, if any:	x! a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any P.O. Box 1028	[c. Employer			
Street 830 BEAR TAVERY RD	tad of employer			
City WEST TRENTON				
State NEW JELSEY ZIF Code + 4. OR628				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. REIMBURSEMENT FOR ATTENDING EDUCATIONAL CONFS, ALSO RE-IMBURSEMENT			
Name				
Trade Name, if any:	FOR ATTENDING TRUSIES MI	3.1		
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.	*/Z23.55		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.	1223.55		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?				

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Name of Person Filing PAUL F. ZAHLMANN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name LOCAL FOO WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 1028 Street 830 REAR TAVERN PO City WEST TRENTON State NEW JERSEY ZIP Code + 4 C8628	a. Labor Organization
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. REIMBURSMENT FOR ATTENDING ELUCATIONAL CONFS, ALSO REIMBURSEMENT FOR ATTENDING TRUSTEE MTGS: 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered un	
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Ccde + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing PAUL F. ZAHLMANN		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name LXAL FOO ANNUITY FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 1028 Street 830 BEAR TAVERN PD City WEST TRENTON State NEW SEPSEY ZIP Code + 4, 08628	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	1.a. Nature of such dealing. REIMBURSEMENT FOR ATTENDING EDUCATIONAL CONFERENCES ALSO REIMBURSEMENT FOR ATTENDING TRUSTEE IN TYS. 1.b. Approximate dollar value of such dealing. 2.a. Nature of interest held or income received.					
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City			1223,53			
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					